

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047649

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 208

Primary Registration District No. _____

Registrar's No. 208VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Neb.</u> b. COUNTY <u>Sheridan</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hudson</u> | | c. CITY OR TOWN <u>Gordon</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 1/2 Mi. E. Macon</u> | | d. STREET ADDRESS (If outside, give location) <u>P.R.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Margaret</u> Middle <u>Lee</u> Last <u>Ruse</u> | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>19</u> Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7/21/1940</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | |
| 13a. FATHER'S NAME <u>Duane Ruse</u> | | 13b. MOTHER'S MAIDEN NAME <u>Hazel Forster</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No.</u> | |
| 17. INFORMANT <u>Duane Ruse</u> | | Address <u>Gordon, Neb.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture Neck</u> Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. <u>Auto mobile accident</u> DUE TO (b) <u>Auto mobile accident</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH <u>Dead</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>11:45</u> p.m. Month, Day, Year <u>Dec 19, 1962</u> | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 36 4 mi E Macon Neb</u> | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>11:45</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>Howard Dullett M.D. (Coroner)</u> | |
| 22b. ADDRESS <u>Macon</u> | | 22c. DATE SIGNED <u>12/26/62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12/22/62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Gordon Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>Gordon, Neb.</u> |
| 24. FUNERAL DIRECTOR <u>Gates & Son.</u> ADDRESS <u>Gordon, Neb.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12/26/62</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Cuth McNeely</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1963

JUL 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles L. Heitton

Licensed Embalmer No. 4577

P. O. Address Marion, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.